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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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Total Number of Pages in This Submission

4

Application Number

10/802,065

Filing Date

March 16, 2004

First Named Inventor

Moon Gul Choi

Art Unit

1725

Examiner Name

Lynne Renee Edmondson

Attorney Docket Number

CCHOI.00001

ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Response to Missing Parts/
Incomplete Application

☐

Response to Missing Parts
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a
Provisional Application

☒

Power of Attorney, Revocation
Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

Remarks

☐

After Allowance communication
to Technology Center (TC)

☐

Appeal Communication to Board
of Appeals and Interferences

☐

Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☒

Other Enclosure(s) (please
Identify below):

1. Postcard Receipt.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Christopher P. O'Hagan

Signature

Christopher P. O'Hagan

Date

April 26, 2006

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PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/802,065
Filing Date	March 16, 2004
First Named Inventor	Moon Gul Choi
Art Unit	1725
Examiner Name	Lynne Renee Edmondson
Attorney Docket Number	CCHOI.00001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

22,858

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

22,858

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Moon Gul Choi

Date

April 11, 2006

Telephone

{ 469-877-9944 (cell)
972-596-4890

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/82 (01-06)

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First Named Inventor	Moon Gul Choi
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Criswell Hyunsoo Choi

Date

April 17, 2006

Telephone

1-650-619-2275

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